

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 588659

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		4		4		4
6		4		4		4
7		4		4		4
8		4		4		4
9		4		4		4
10		4		4		4
11				1		1
12				1		1
13				1		1
14				1		1
15				1		1
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	27	←	27	←	27	←
TOTAL CLAIMS	28		28		28	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						